POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SW	67094	8/18/99
O.I.P.E. CLASSIFIER		12	1/25
FORMALITY REVIEW		(assign	2-3188

INDEX OF CLAIMS

~	Rejected		Non-elected
_	Allowed	1	Interference
_	(Through numeral) Canceled		Appeal
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If more than 150 claims or 10 actions staple additional sheet here

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